2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L03000021441** 1. Entity Name 04-27-2006 90017 024 ****50.00 CORAL TEAM, LLC Principal Place of Business Mailing Address 2853 EXECUTIVE PARK DR. 2800 GLADES CIRCLE ן־ טעשכינועל **SUITE 104** SUITE E-102 WESTON, FL 33331 WESTON, FL 33327 3. Mailing Address 19501 W. CowTry Club. Dr. 2. Principal Place of Business 19501 W. COUNTRY Club DR Suite, Apt. #, etc. APh 1902 04242006 Chg-LLC CR2E083 (11/05) Pt. 1902 City & State 4. FEI Number Applied For City & State FLORIDA. VENTURA 14-1887278 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name N/A . ILEANA ARIAS TOVAR, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET, SUITE 205 🗟 WESTON, FL 33326 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 10 Tages SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** MGRM Change ☐ Addition TITLE Delete TITLE NAGEL DAVID 19501 W. COUNTRY CLUB DR. # 1902 DAVID FERNANDEZ, MARIA E NAME NAME 2853 EXECUTIVE PARK DR. SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33/80 CITY-ST-ZIP AVENTURA FLORIDA. WESTON, FL 33331 HGRM MGRM Delete me Change : ☐ Addition TITLE SERRAND, LUCIA. NAME NAGEL, DAVID NAME 19501 W. COUNTRY CLUB DR. # 1902 2853 EXECUTIVE PARK DR, SUITE 104 STREET ADDRESS STREET ADDRESS *3318*0 CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP AVENTURA FLORIDA TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

(954) 288-8809